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22428 7590 07/18/2007

FOLEY AND LARDNER LLP
 SUITE 500
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 WASHINGTON, DC 20007

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(Depositor's name)

(Signature)

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONF. RPT. NO.
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10/554,271 04/06/2006

Joseph L e Mer

065691 0111

2188

TITLE OF INVENTION: CONDENSATION HEAT EXCHANGER WITH A GAS/AIR HEAT COLLECTOR

APPLN TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400 1440	\$300	\$0	\$1700 1740	10/18/2007
EXAMINER		ART UNIT	CLASS-SUBCLASS			
WILSON, GREGORY A		3749	122-018100			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47, Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
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Foley & Lardner LLP

2 _____

3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed in recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

1) Rocco Giannoni

1) Milan, Italy

2) Joseph LeMer

2) Morlaix, France

3) Giannoni France

3) Morlaix, France

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

 Issue Fee A check is enclosed. Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached Advance Order - # of Copies _____ The Director is hereby authorized to charge the required fees, any deficiencies or credit or overpayment, to Deposit Account Number 19-0781. Enclose an extra copy of this form.

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 a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Date OCT 16, 2007

Typed or printed name

Stephen B. Maebius / Margaret J. Cosentino

Registration No. 35,264 / 43,892

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